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REPORT TO THE DATA BASE STEERING COMMITTEE REGARDING A STUDY OF THE DEVELOPMENTALLY HANDICAPPED IN THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH AND COUNTY OF BRANT

HAMILTON-WENTWORTH STUDY

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February 1987

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ACKNOWLEDGEMENTS

A project of this magnitude requires the participation and co-operation of a tremendous number of people and organizations to be successful. Certainly, this study has benefited greatly from the involvement of a significant number of individuals.

I would like to acknowledge the efforts of the following people and organizations. Though the list is long, it is not nearly as great as the commitment of those involved to the process of co-operative community planning.

To the management and staff of agencies who worked so hard to complete survey forms, my thanks for making the data base a valuable tool for case management, agency planning and community planning. Thanks, as well, are extended to those agencies who were contacted during the study that had no developmentally handicapped clients, at the time, but offered their support.

Special thanks to the Data Base Steering Committees and the Tool Development Committee for their commitment to an undertaking that involved much more time and effort than anyone could have anticipated! In particular, I would like to acknowledge the work of:

- Don Trebilcock, who has so capably served as the Chairperson of the Data Base Steering Committee.
- Flora Nicholson, who, as past Chairperson of the Data Base Steering Committee, directed the study through some difficult but productive times.
- Donna Marcaccio, for so kindly 'stepping in' as Chairperson on various occasions and for always offering her assistance when needed.
- Lyn Seppa, for helping to keep the project operating effectively during her involvement with the study.
- Diane Conway, for conducting the 'core' of the training sessions and making her expertise so readily available.
- Bill Tallman, for always providing a healthy dose of both realism and humour.

Gratitude is extended to the primary funder of the data base study, the Ontario Ministry of Community and Social Services, Hamilton Area Branch. I would like to thank:

- Al Strang, Area Manager
- Margaret Strecker, Manager. Community Programs Unit

Their continued support of the project has made the data base a reality.

A heartfelt thanks to the Study Team who have worked at the Social Planning and Research Council during the course of the project. It has been a sincere pleasure to have worked co-operatively with:

- Lisa Petsche, who, as Project Co-ordinator, has so skillfully managed the entire data base and who has shown rare dedication to the task at hand.
- Angela Houser, Research Assistant, who assimilated a highly complex computer system under tremendous time constraints and produced all needed results.
- Winsome Cain, Research Technician, for structuring a computer system that made a difficult task a manageable and comprehensible one.

Appreciation is also extended to the following project staff members:

- Deb Warford, External Reviewer, for ensuring the quality of the data and, thus, the validity of the data base.
- Shelley Osmond-Ward, for assisting with data entry.
- Sue Smith, for assisting with form completion.
- Joan Loyst, for also assisting with form completion.

We are indebted to many people at McMaster University for their generous donation of both computer time/facilities and for their special expertise. I would like to thank the University:

- Information Processing and Academic Computing Services, for their donation of all computing time and for the assistance of the following staff members -

- Rick Matson
- Jim Bryce
- Anami Bhargava

- Regional Services Program, for a grant to provide the services of a systems analyst for conversion of the data base to the S.I.R. system.
- Health Sciences Centre Computation Services Unit, for converting the data base to the S.I.R. system by providing consultation from -
  - Dr. Khursh Ahmed
  - Maria Wong

Thanks to Steve Elson of the Niagara Children's Services Committee for sharing his expertise and offering valuable suggestions having already experienced the formulation of a data base for the developmentally handicapped.

My sincere appreciation to both Mary Swan and Caroline Eyk for all their assistance in keeping the project finances in order and to Shurl Kocman for typing this report with speed and grace.

Kim Van Louwe
February, 1987.

INDEX OF TABLES AND FIGURES

List of Tables

		Page
Table 1:	Definition of Level of Retardation.	3
Table 2:	Surveys Returned and Contributing Agencies.	12
Table 3:	Client's Municipality	16
Table 4:	Age Distribution.	19
Table 5:	Age Distribution by 5-year Groupings.	20
Table 6:	Summary of Type of Service.	23
Table 7:	Current Residential Type.	24
Table 8:	Current Day Program Type.	25
Table 9:	Current Support Program Type.	26
Table 10:	Current Residential Type by Age	27
Table 11:	Current Day Program Type by Age	28
Table 12:	Current Support Program Type by Age	29
Table 13:	Summary of Functional Level	31
Table 14:	Developmental Disability, Primary	32
Table 15:	Developmental Disability, Secondary	33
Table 16:	Mobility Handicap	34
Table 17:	Sensory Handicap.	35
Table 18:	Communicative Handicap.	36
Table 19:	Social Behavioural Problems	37
Table 20:	Developmental Disability, Primary by Current Residential Type.	38
Table 21:	Developmental Disability, Primary by Current Day Program	39
Table 22:	Developmental Disability, Primary by Current Support Programs.	40
Table 23:	Current Residential Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps. . .	41
Table 24:	Current Day Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicap . . .	42
Table 25:	Current Support Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicap . . .	44
Table 26:	Summary of Appropriateness of Programs.	47
Table 27:	Current Residential Type of Appropriateness of Residential Setting	48
Table 28:	Current Day Program Type by Appropriateness of Day Program	50

cont'd...

TABLE OF CONTENTS

Page

DATA BASE STEERING COMMITTEE MEMBERSHIP

ACKNOWLEDGEMENTS

1. EXECUTIVE SUMMARY. . . . . (i)

2. INTRODUCTION 1

3. BACKGROUND 1

4. DEFINITION 2

5. METHODOLOGY. 5

5.1 Survey Form Completion 5
5.2 Study Process. 7

6. HIERARCHY OF DATA ANALYSIS 10

7. SURVEY RESPONSE. 11

8. DATA ANALYSIS. 12

8.1 Location Variable. 15
8.2 Age Variable 18
8.3 Type of Service Variable 22

- Summary
- Residential Programs
- Day Programs
- Support Programs
- Type of Service by Age

8.4 Functional Level Variable. 30

- Summary
- Primary Developmental Disability
- Secondary Developmental Disability
- Mobility Handicap
- Sensory Handicap
- Communicative Handicap
- Social Behavioural Handicap
- Functional Level by Type of Service

8.5 Appropriateness of Service Variable. 46

- Summary
- Appropriateness by Type of Service

8.6 Recommended Program Variable 54

9. SUMMARY. 64

APPENDICIES

		Page
Table 29:	Frequency of Support Programs Which Are 'Appropriate But Not Enough Resources' and 'On Waiting List'. . .	52
Table 30:	Current Residential Type and Needed Residential Type	55
Table 31:	Recommended Residential Monitoring for 'Most Inappropriately/Inappropriately' Placed Clients. . .	57
Table 32:	Recommended Residential Program Emphasis for 'Most Inappropriately/Inappropriately' Placed Clients.	58
Table 33:	Current Day Program Type and Needed Day Program Type	59
Table 34:	Recommended Day Program Milieu by 'Most Inappropriately/Inappropriately' Placed Clients. . .	61
Table 35:	Frequency of Support Programs Which Are 'Appropriate But Not Enough Resources' and 'On Waiting List'. . .	62

List of Figures

Figure 1:	Data Base Study Process.	8
Figure 2:	Hierarchy of Data Analysis	14
Figure 3:	City of Hamilton Client Distribution by Neighbourhood	17
Figure 4:	Population Pyramid	21

1. EXECUTIVE SUMMARY

1.1 Background

In the Fall of 1984, senior staff representatives from agencies involved in providing services to the developmentally handicapped began meeting to consider the establishment of a data base for this population in the Regional Municipality of Hamilton-Wentworth and County of Brant.

As a result, the Data Base Steering Committee was formed and the development of a survey instrument was initiated to form the basis of the data collection. The purpose of the information base was to provide decision-makers with a tool to be used for case management, agency planning and community program planning.

This report represents the initial outcome of the study designed to provide a comprehensive record of the needs of 1,365 children and adults with developmental handicaps. The report presents the results of the data collected in the Regional Municipality of Hamilton-Wentworth only. A similar report has been prepared from the data obtained through agencies in the County of Brant.

Due to the wealth of information collected during the study, only selected general aspects of the entire data base have been analyzed in this report.

The working definition of 'developmentally handicapped' used during the study attempted to recognize that surveyed clients would normally have significant deficits in both intellectual functioning and social adaptation.

While agency staff were permitted to use discretion in interpreting this definition, ten categories of developmental handicaps were used during the study: borderline, mild, moderate, severe, profound, retardation level unspecified, at risk, developmental delay, learning disability and autism.

1.2 Methodology

The 19-page survey instrument, approved by the Data Base Steering Committee and implemented in the community, was a very comprehensive instrument addressing levels of functioning in all areas as well as type of services being received and needed. Agencies were asked to complete survey forms not only for those people currently receiving their services, but also for those on their waiting lists.

The study was based, first, on a 'case consultation/conferencing' methodology which called for consultation about each client among staff within an agency and between staff of different agencies servicing the same person when completing survey forms. The second feature of the study was a 'hierarchy of survey form completion' which assigned hierarchical responsibility for completing client surveys. The hierarchy established the following priorities for form completion:

1. residential programs;
2. day programs; and
3. support service programs.

Agencies with clients in residential programs were assigned first responsibility for completing survey forms. If a client was not in a residential program, responsibility for form completion fell to day program providers. Finally, if a client was not in any residential or day program, form completion became the responsibility of support program providers.

The methodology for data collection called for training sessions to be held for agency staff who were to complete the survey instruments. Instruction in form completion was provided and the Project Co-ordinator arranged for the distribution of surveys to each participating agency and monitored the returns.

Once forms were completed by agency staff, they were returned to an identified person within the agency who served as an Internal Reviewer. This persons was responsible for: a) briefly reviewing the completed forms to ensure that all questions were answered and that no obvious errors existed; and, b) ensuring that all distributed forms were collected and returned to the Project Co-ordinator.

The returned questionnaires were then scrutinized for logic by an External Reviewer. Specifically, this person was responsible for ensuring that the description of the client on each form was consistent with the recommendations or changes suggested. Follow-up with agency staff was made when required to correct inconsistencies.

Forms which passed the internal and external review process were forwarded to a Computer Coder. The surveys were then coded and loaded into a computer. Once all forms were inputted, the data was 'cleaned' (of any errors) and any identified survey duplicates were separated into a holding file. Data analysis and report writing followed the 'cleaning' process.

1.3 Survey Response and Analysis

The entire survey process involved the participation of 32 agencies (ie. agencies who actually completed forms). The Study Team received a total of 1,365 forms on different clients (excluding duplicates).

Of the 32 agencies who completed forms, 23 (71.9%) were from the Regional Municipality of Hamilton-Wentworth. Of the 1,365 client surveys completed, 955 (70.0%) were from the Regional Municipality of Hamilton-Wentworth.

Since the study produced a tremendous amount of data, the Data Base Steering Committee decided upon the analysis of six key variables in the development of this report. The key variables focused on data which was considered useful for community program planning purposes in order to initiate further discussion.

The six variables analyzed in this report formed, what was termed, the 'Hierarchy of Data Analysis' (not to be confused with the 'hierarchy of form completion' mentioned earlier). The varables were:

- location
- age
- type of service
- functional level
- appropriateness of service
- recommended program

Data analysis in this report is based on the six-level hierarchy and it is formated to provide relevant tables (one table per page) followed by a point-form highlighting of the major patterns/trends indicated by the data.

1.4 Summary of Data Analysis

The following summarizes the major trends/patterns presented in this report from the Data Analysis section. The highlighted information describes significant results and is not intended to document all findings.

Location Variable:

- 77.5% (740) of all clients live in the City of Hamilton (the remainder live outside the City).

Age Variable:

Age
- 40.5% (387) of all clients are 22-45 years of age.
- 27.7% (265) of all clients are under 18 years of age.
- 9.3% (89) of all clients are over 45 years of age.

Sex
- 57.5% (549) of all clients are male.

Type of Service Variable:

Residential
- 62.8% (600) of all clients do not live in any type of residential facility (ie. live with their own family or live independently).
- 36.8% (351) of all clients live in some type of residential facility and, of these clients, 21.9% (77) live in a mental retardation facility.
- 43.0% (151) of clients in a residential program are 22-35 years of age and 19.7% (69) are under 18 years of age.

Day
- 88.7% (847) of all clients are involved in one day program (and an additional 0.2% are involved in two day programs).
- 10.3% (98) of all clients are not involved in any day programs.
- 42.7% (362) of all clients in day programs are involved in sheltered workshops/occupational activity and 30.8% (261) of clients are participating in Ministry or Board of Education programs.
- 41.6% (354) of all clients in day programs are 22-35 years of age while 28.8% (245) are under 18 years of age.

Support:
- 21.7% (207) of all clients are not involved in any support programs.
- 20.4% (195) of all clients are involved in only one support program.
- 53.4% (510) of all clients are involved in more than one support program.
- of the 73.8% (705) of all clients who reported support program involvement, on average, each uses 0.9 medical services (for physical health), 0.6 recreation/leisure services and 0.2 mental health supports.

- 37.3% (263) of all clients in support programs are 22-35 years of age while 30.7% (216) are under 18 years of age.

Functional Level Variable:

Disability, Primary

- 23.1% (221) of all clients are considered to be moderately retarded and, of these clients:
  - 46.2% live with their own family;
  - 44.8% are involved in a Ministry/ Board of Education day program and 24.9% participate in a sheltered workshop; and,
  - each client utilizes 0.6 medical services, on average.
- 20.3% (193) of all clients are considered to be profoundly/severely retarded and, of these clients:
  - 30.1% live in a mental retardation facility;
  - 37.8% are involved in a Ministry/ Board of Education day program; and,
  - each client utilizes 1.7 medical services and 0.6 recreation/leisure support services, on average.
- 19.6% (187) of all clients are considered to be mildly/borderline retarded and, of these clients:
  - 52.9% live with their own family;
  - 49.7% are involved in a sheltered workshop; and,
  - each client utilized 0.3 medical services.

Disability, Secondary

- only 7.5% (72) of all clients have an identified secondary developmental disability.

Mobility

- 66.9% (639) of all clients do not have a mobility handicap.
- 28.5% (272) of all clients do have a mobility handicap and,, of these clients:
  - 36.4% live with their own family;
  - 32.0% are involved in a Ministry/ Board of Education day program; and,

- each client utilizes 1.6 medical services, on average.

Sensory

- 67.7% (647) of all clients do not have a sensory handicap.
- 25.5% (244) of all clients do have a sensory handicap and, of these clients:
  - 41.8% live with their own family;
  - 30.3% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 1.1 medical services, on average.

Communicative

- 47.9% (457) of all clients do not have a communicative handicap.
- 45.9% (438) of all clients do have a communicative handicap, and of these clients:
  - 49.5% live with their own family;
  - 37.0% are involved in a Ministry/Board of Education program; and,
  - each client utilizes 1.3 medical services, on average.

Social Behavioural

- 37.9% (347) of all clients are considered to display acceptable (social) behaviour in the community.
- 52.6% (502) of all clients are considered to display some form of social behavioural problem and, of these clients:
  - 45.4% live with their own family;
  - 31.7% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 0.9 medical services, on average.

Appropriateness of Service Variable:

Residential

- 36.8% (351) of all clients live in some type of residential facility and, of these clients:

- 60.7% are considered to be 'most appropriately' placed; and,
- 16.2% are considered to be 'most inappropriately/inappropriately' placed.

• 62.8% (600) of all clients live with their own family or live independently and, of these clients:

- 53.0% are considered to be 'most appropriately' sited; and,
- 9.8% are considered to be 'most inappropriately/inappropriately' sited.

Day

• 88.9% (849) of all clients are currently involved in a day program and, of these clients:

- 58.2% are considered to be 'most appropriately' involved in such programming; and,
- 8.1% are considered to be 'most inappropriately/inappropriately' involved in such programming.

• 10.3% (98) of all clients are not currently involved in any day program and, of these clients:

- 8.2% have been classified as 'most appropriate' indicating that it is, in fact, appropriate that they not be involved in any day programming; and,
- 69.4% have been classified as 'most inappropriate/inappropriate' indicating that it is, in fact, appropriate that they should participate in some kind of day program.

Support

• there are 655 reported instances of clients currently awaiting service by the various support programs in the community.

Recommended Program Variable:

Residential

- 127 clients less than are currently living with their families should be living with their families.
- 22 clients less than are currently in long-term care facilities should be living in such homes.
- 95 clients more than are currently in group homes should be living in such homes.
- 41 clients more than are currently in a serviced apartment/home co-op should be living in such a facility.
- 43.1% (50) of the 'most inappropriately/inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 41.4% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing daily living skills.

Day

- 30 clients more than are currently regularly employed should be employed.
- 22 clients more than are currently involved in a life skills /pre-vocational/community activity should be involved in such an activity.
- 39 clients less than are currently involved in a Ministry/Board of Education program should be involved in such a day program.
- 56.2% (77) of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.

Support

- there are 655 reported instances of clients awaiting and recommended for service by the various support programs in the community.

2. INTRODUCTION

This report represents the initial outcome of a study undertaken to provide a comprehensive record of the needs of children and adults with developmental handicaps. The research was carried out by means of a survey distributed to agencies that provide service to the developmentally handicapped population in the Regional Municipality of Hamilton-Wentworth and County of Brant. The research results are intended to establish an information base to be used for case management, agency planning and community planning.

This report presents the results of the data collected in the Regional Municipality of Hamilton-Wentworth only. A similar report has been prepared from the data obtained through agencies in the County of Brant.

Due to the wealth of information collected during the study, only selected general aspects of the entire data base have been analyzed in this report.

3. BACKGROUND

In the Fall of 1984, senior staff representatives from agencies involved in providing services to the developmentally handicapped began meeting to consider the development of a data base for this population.

As a result, the Data Base Steering Committee was formed and the development of a survey instrument to establish an information base was initiated for individual agency and community planning purposes. Funding for the data base study was secured from the Ontario Ministry of Community and Social Services and, in February 1985, the Social Planning and Research Council of Hamilton and District was contracted to conduct the data collection and analysis under the direction of the Data Base Steering Committee.

4. DEFINITION

The working definition of 'developmentally handicapped' used by the Data Base Steering Committee during the study attempted to recognize that surveyed clients would normally have significant deficits in both intellectual functioning and social adaptation.

Ten categories of developmental handicaps were used in the survey, including:

- Borderline
- Mild
- Moderate
- Severe
- Profound
- Retardation Level Unspecified
- At Risk
- Developmental Delay
- Learning Disability
- Autism

For definitions of each category, refer to Table 1 on the following two pages.

The Data Base Steering Committee felt that any person who could benefit from any services for the mentally retarded should be in the study. Agency staff people completing survey instruments were permitted to use their discretion in determining which of their clients met the definition.

TABLE 1

DEFINITION OF LEVEL OF RETARDATION

	DEGREES OF MENTAL RETARDATION	PRE-SCHOOL AGE 0-5 MATURATION & DEVELOPMENT	SCHOOL AGE 6-20 TRAINING & EDUCATION	ADULT 21 AND OVER SOCIAL & VOCATIONAL ADEQUACY
1.	*Borderline		I.Q. Range 70+	
2.	Mild	Can develop social and communication skills; minimal retardation in sensorimotor areas often not distinguised from normal until later age.	Can learn academic skills up to approximately 6th grade level by late teens. Can be guided toward social conformity "Educable".	Can usually achieve social & vocation skills adequate to minimum self-support but may need guidance and assistance when under unusual social or economic stress.
3.	Moderate	Can talk or learn to communicate; poor social awareness; fair motor development; profits from training in self-help; can be managed with moderate supervision.	Can profit from training in social and occupational skills; unlikely to progress beyond 2nd level in academic subject; may learn to travel alone in familiar places.	May achieve self-maintenance in unskilled or semi-skilled work under sheltered conditions; needs supervision and guidance when under mild social or economic stress.
4.	Severe	Poor motor development; speech is minimal; generally unable to profit from training in self-help; little or no communication skills.	Can talk or learn to communicate; can be trained in elemental health habits; profits from systematic habit training.	May contribute partially to self-maintenance under complete supervision, can develop self-protection skills to a minimal useful level in controlled environment.
5.	Profound	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.	Some motor development; may respond to minimum or limited training in self-help	Some motor and speech development; may achieve very limited self-care; needs nursing care.

* No definition or reference available

(Rationale for Degrees of Retardation by W. Sloan and J.W. Birch, American Journal of Mental Deficiency, 1955 Vol. 60, pg. 262.)

6. RETARDATION LEVEL UNSPECIFIED

7. AT RISK: - Preschool children whose primary problem has been identified as being at risk of developmental delays because of conditions of environmental deprivation.

8. DEVELOPMENTAL DELAY: - Childhood delays in any aspect of the normal development process including: physical development, sensory, motor communication and socio-emotional functioning.

9. LEARNING DISABILITY: - Learning disabilities means a disorder in one or more of the processes involved in understanding or using symbols or spoken language that results in a significant discrepancy between academic achievement and assessed intellectual ability with a deficit in at least one of the following areas: receptive language, language processing, expressive language, quantative reasoning, spatial orientation or spatial perception.

10. AUTISM: - Also called infantile autism. A pervasive lack of responsiveness to other people; gross deficits in language, and communication; atypical and incongrument responses to the environment; and an absence of delusions and hallucinations.

5. METHODOLOGY

5.1 Survey Form Completion

The survey form, approved by the Data Base Steering Committee and implemented in the community, was a very comprehensive instrument addressing levels of functioning in all areas as well as types of services being received and needed.

As Appendix 1 indicates, each survey consisted of the following:

FORM I
- a summary profile of the client's capabilities and service needs

FORM II
- an 18-page questionnaire that requested details about the client according to the following headings:
  - location of principals
  - health status
  - physical/sensory status
  - adaptive functioning
  - adaptive skills
  - family involvement
  - current and recommended services.

Agencies were asked to complete survey forms not only for those people currently receiving their services, but also for those on their waiting lists.

Two important features of the survey procedure are worth highlighting at this point:

- case consultation
- hierarchy of survey completion

The study was based on a 'case consultation/conferencing' methodology which called for consultation about each client among staff within an agency and between staff of different agencies serving the same person when completing survey forms. This pooling of resources was intended to give a complete and balanced profile of each individual's functioning level as well as a central focus for individual case management and program planning.

A second feature was the 'hierarchy of survey form completion' which assigned hierarchical responsibility for completing client surveys. The hierarchy established the following priorities for form completion:

1. residential programs
2. day programs
3. support service programs

If a client was in a residential program (ie. more than 100 days per year), the agency providing that service would complete the survey on that particular client. If a client was not in a residential program, responsibility fell to the agency that was providing him/her with day programming. If the client was neither in a residential nor a day program, the agency providing him/her with support service would complete the survey. If support services were being provided by more than one agency, it was the responsibility of the service providers to communicate and decide who had the most client information to complete the survey.

Employing such a hierarchical structure helped to prevent duplication of survey completion on any given client and ensure that as accurate and complete a profile as possible was developed.

5.2 Study Process

The basic study process is presented in Figure 1 along with the relevant timeframes.

Following the formulation of the Data Base Steering Committee and development of the survey instrument, a letter was sent to the directors of 83 community service agencies in Hamilton-Wentworth and Brant informing them about the data base survey and asking for their co-operation and participation.*

In view of the size and significance of the study, training sessions were held in March and April, 1985 to familiarize agency representatives with the survey instrument and to instruct them in its completion.

A Project Co-ordinator at the Social Planning and Research Council of Hamilton and District arranged for the distribution of surveys, answered questions and concerns of agency staff completing forms and monitored the survey returns.

Two important 'quality checks' were built in to the system of form completion to ensure data accuracy and reliability. First, each participating agency was requested to identify a key person who would serve as an Internal Reviewer of forms. This person was responsible for ensuring that all forms being completed within the agency were collected and returned. More importantly, this person was also responsible for briefly revewing the completed forms to ensure that all questions were answered and that no obvious errors existed. Second, the completed forms were scrutinized by an External Reviewer (contracted by the Social Planning and Research Council) for logic. Specifically, this person reviewed all

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* Letters were sent to 52 agencies in Hamilton-Wentworth and 31 agencies in Brant.

FIGURE 1

DATA BASE STUDY PROCESS

° Formulation of Data Base Steering Committee	November 1984
° Development of Survey Instrument	November 1984-January 1985
° Agency Training Sessions	March-April 1985
° Distribution of Survey Forms	March 1985
° Completion of Survey Forms	March 1985-June 1986
° Internal Review of Forms	March 1985-June 1986
° External Review of Forms	May 1985-June 1986
° Data Coding	February-August 1986
° Computer Input	February-September 1986
° Data Cleaning	October-November 1986
° Data Analysis	December 1986
° Report Writing	January-February 1987
° A.A.T.D. Sponsorship	January 1987-

forms to determine whether or not the description of the client, as presented by the survey, was logical or consistent with the recommendations or changes suggested. In instances where the description and the recommendations appeared to be in conflict with one another, the External Reviewer provided follow-up with the appropriate agency by phone or meeting to correct any contradictions.

Once a form passed the internal and external review process, it was forwarded to a Computer Coder. Completed survey forms began flowing in to the Social Planning and Research Council in April 1985 and were accepted through June 1986.*

By September 1986, all returned forms had been loaded into the computer at McMaster University, a total of 1,434 surveys. During the ensuing 'cleaning' of the data set (ie. checking for coding errors, inputting errors, etc.), as expected, a number of survey duplicates (and even triplicates) were found indicating that more than one agency had completed a survey on the same client; up-to-date information was retained in the main body of the data file with the redundant surveys being held in a separate file so as to be excluded from the data analysis for this report. The result was that 1,365 clients were actually used for analysis.

Following the completion of the report-writing phase of the study, it is anticipated that certain pieces of client information in the data base will be updated on an annual basis. An update form has been devised to record changes in any of the residential, day or support service programs a client is either in need of or receiving. New clients can be added to the data base at any time.

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* Progress in the rate of survey returns was much slower than anticipated due to a number of unforeseeable factors and a desire by the Data Base Steering Committee to secure the participation of as many community agencies as possible in the study.

Participating agencies will have access to identifying information on clients within their agency and information of an aggregate nature on other clients in the data base.

Confidentiality of information in the data base has been ensured through the use of a unique identifier for each client consisting of his/her initials and birthdate. In addition, a four-digit data base client identification number has been assigned to each person. Only authorized individuals have access to the identifying information and data base.

The Data Base Steering Committee is fortunate to have secured the services of the Association of Agencies for Treatment and Development as the ongoing sponsor of the developmentally handicapped data base.

6. HEIRARCHY OF DATA ANALYSIS

The study has produced a tremendous amount of information since more than forty questions were asked of all 1,365 clients responding to the survey and both frequency runs and cross-tabulations are possible for most variables.

In attempting to produce this report for public use, the Data Base Steering Committee was faced with the task of deciding which 'key' variables in the survey should be analyzed for reporting purposes since analysis of all variables was impractical.

The Data Base Steering Committee came to the reasonable conclusion that the report should focus on key variables which presented data useful for community planning purposes. The intent of the report would be to focus attention on information which would promote initial discussion in the community - not attempt 'to be all things to all people'. This would mean that data would not be presented for use at

a case management or agency level. All of this data, however, could be accessed through the computerized data file at a later date as requested.

With community planning in mind, the Data Base Steering Committee focused on six key variables for analysis in the report. These key variables were prioritized and assembled to form, what came to be known as, the 'hierarchy of data analysis' (see Figure 2). Data from the six variables - location, age, type of service, functional level, appropriateness and recommended program - was tabulated and, in some cases, cross-tabulated with other variables.

The foundation for the analysis in this report is the 6-level hierarchy.

7. SURVEY RESPONSE

Prior to presenting the data analysis, it may be useful to indicate that 83 agencies/organizations were initially approached about the data base to consider participation in the project (52 in Hamilton-Wentworth and 31 in Brant).

After contact and discussion with all agencies was complete, 32 agencies had decided to participate in the study by filling out survey forms (see Appendix 2 for list). It is important to note, however, that, of those agencies not actually completing forms, a majority had no developmentally handicapped clients. A number of agencies offered their support and some indicated that their clients would be included in the survey by other agencies. The few remaining agencies were either not interested in the study or felt that the survey was not applicable to their clients.

From the 32 agencies completing forms, the Study Team received a total of 1,365 forms (excluding duplicates). Unfortunately,

it was not possible to accurately determine the true response rate since not all agencies participated by completing forms and only developmentally handicapped persons 'in-service' could even be contacted.

With these limitations in mind, the participation and response was as follows:

TABLE 2

SURVEYS RETURNED AND CONTRIBUTING AGENCIES

	Surveys Returned*		Contributing Agencies**	
	Frequency	Percent	Frequency	Percent
Hamilton-Wentworth	955	70.0	23	71.9
Brant	410	30.0	9	28.1
TOTAL	1365	100.0	32	100.0

* 'Surveys returned' excludes duplicate/triplicate forms completed for clients (n=69).

** 'Contributing agencies' represents the number of agencies completing and returning survey forms.

8. DATA ANALYSIS

The following section presents the results of the analysis performed on the six variables described previously in the 'Hierarchy of Data Analysis' (Figure 2).

Thus, the data analysis section has been structured in six parts, each beginning with a buff-coloured page. Within each part,

the relevant tables are presented on single pages - one table per page.

Each table is directly followed by a brief point-form highlighting of the significant patterns/trends indicated by the data. (The 'highlighting' of major patterns/trends is not intended to be all-encompassing, so readers may want to draw their own conclusions from the tables presented).

FIGURE 2

HIERARCHY OF DATA ANALYSIS

Hierarchical Level	Variable	Specification	Analysis	Tables
1	Location	° Hamilton-Wentworth ° Brant	° x client ° x program	frequency frequency
2	Age	° 0-2 years ° 3-5 years ° 6-17 years ° 18-21 years ° 22-35 years ° 36-45 years ° 46+ years	° x totals	frequency
3	Type of Service	° residential program ° day program ° support service program	° x totals ° x age	frequency cross-tab
4	Functional Level	° developmental disability ° mobility handicap ° sensory handicap ° communicative handicap ° social behavioural problems	° x totals ° x type of service	frequency
5	Appropriateness	° most inappropriate ° inappropriate ° appropriate now but - within 2 years - more than 2 years ° appropriate but changes ° most appropriate	° x type of service	cross-tab
6	Recommended program	° current program ° needed program ° program difference	° x type of	frequency

8.1 LOCATION VARIABLE

Data presenting the geographic location of developmentally handicapped clients in Hamilton-Wentworth.

Table 3: Client's Municipality

Figure 3: City of Hamilton Client Distribution by Neighbourhood

TABLE 3

CLIENT'S MUNICIPALITY

	Frequency	Percent
Hamilton, City*	740	77.5
Stoney Creek, City	42	4.4
Dundas, Town	38	4.0
Glanbrook, Township	25	2.6
Ancaster, Town	16	1.7
Flamborough, Town	13	1.4
Brantford, City	1	0.1
Paris, Town	1	0.1
Other Within Ontario	20	2.1
Not Specified	52	5.4
Don't Know	7	0.7
TOTAL	955	100.0

* Refer to Figure 3 for 'City of Hamilton Client Distribution by Neighbourhood.'

- 896 (93.8%) clients specified their current location and, of these clients:
  - 97.5% live in the Regional Municipality of Hamilton-Wentworth;
  - 2.5% live outside the Regional Municipality of Hamilton-Wentworth.
- 84.7% of the clients in the Regional Municipality of Hamilton-Wentworth live within the City of Hamilton.

NOTE: Two clients who use programs in Hamilton-Wentworth live in the County of Brant.

- 732 clients reported living in the City of Hamilton neighbourhoods (8 unspecified) and, of these clients:
  - 72.4% live below the Escarpment
  - 27.6% live above the Escarpment

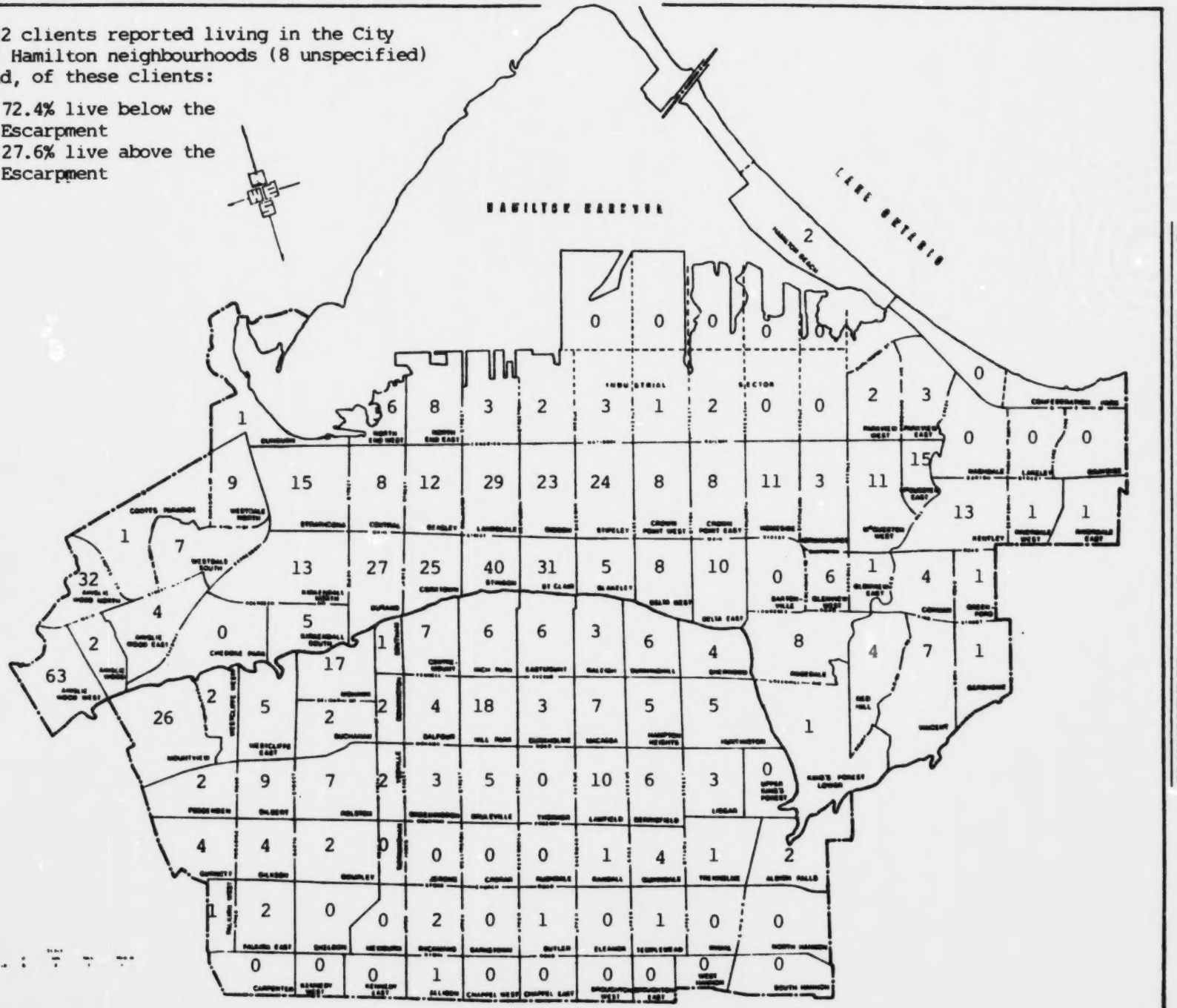


FIGURE 3

CITY OF HAMILTON CLIENT DISTRIBUTION BY NEIGHBOURHOOD

8.2 AGE VARIABLE

Data presenting the age distribution of the Hamilton-Wentworth clients.

Table 4: Age Distribution

Table 5: Age Distribution by 5-year Groupings

Figure 4: Population Pyramid

TABLE 4

AGE DISTRIBUTION*

	Frequency	Percent
0-2 years	16	1.7
3-5 years	48	5.0
6-17 years	201	21.0
18-21 years	108	11.3
22-35 years	387	40.5
36-45 years	106	11.1
46 years and older	89	9.3
TOTAL	955	100.0

* Age categories as defined by the Data Base Steering Committee.

- 40.5% of all clients are 22-35 years of age.
- 27.7% of all clients are under 18 years of age.
- 9.3% of all clients are over 45 years of age.

TABLE 5

AGE DISTRIBUTION BY 5-YEAR GROUPINGS*

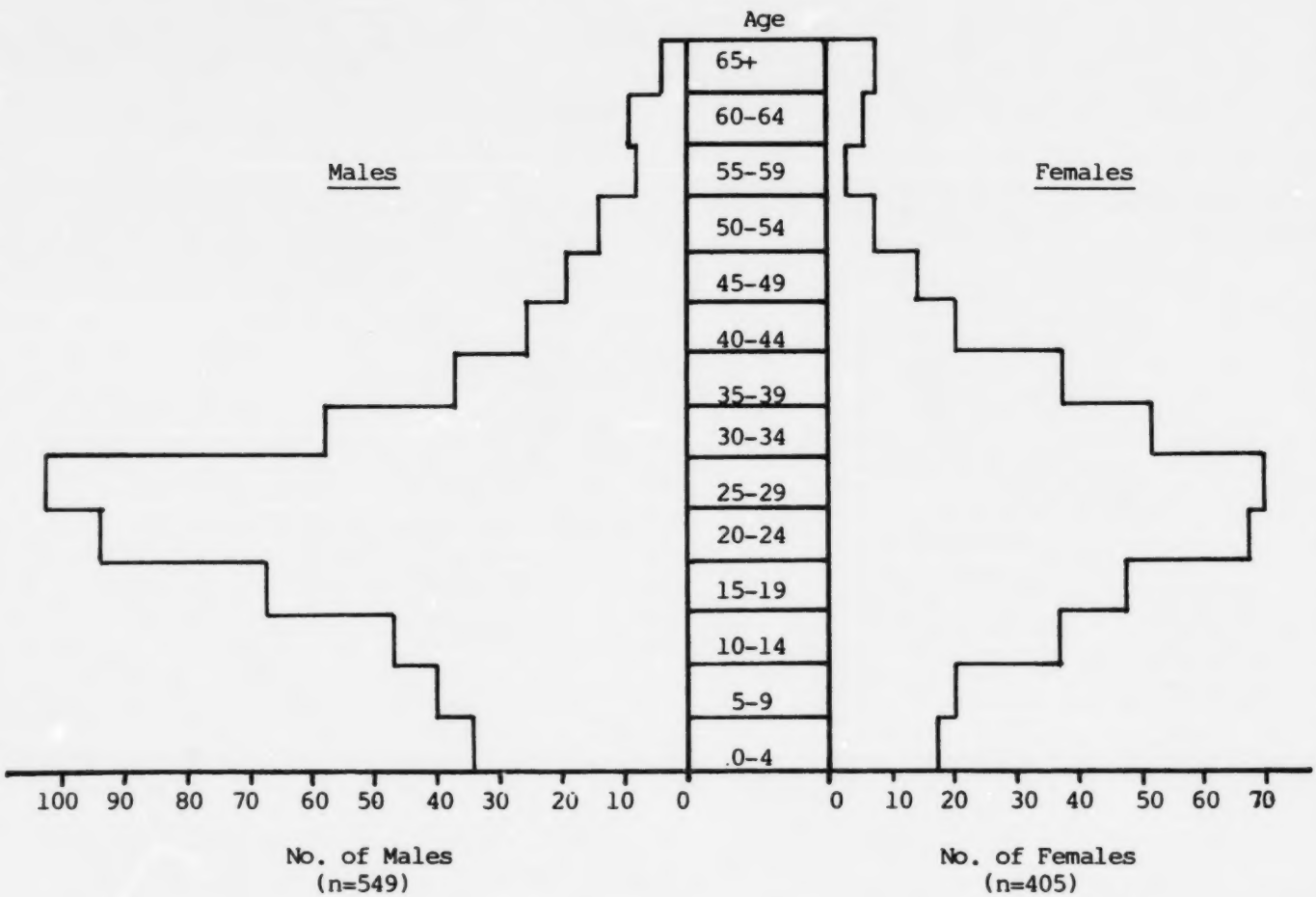
	Frequency	Percent
0-4 years	52	5.4
5-9 years	61	6.4
10-14 years	83	8.7
15-19 years	112	11.7
20-24 years	155	16.2
25-29 years	166	17.4
30-34 years	107	11.2
35-39 years	72	7.5
40-44 years	47	4.9
45-49 years	36	3.8
50-54 years	24	2.5
55-59 years	12	1.3
60-64 years	16	1.7
65 and older	12	1.3
TOTAL	955	100.0

* Age categories as defined and reorganized for purposes of preparing a population pyramid (see Figure 4). The gender of one person was not specified.

- 57.5% (549) of all clients are males.
- 42.4% (405) of all clients are females.

FIGURE 4

POPULATION PYRAMID



8.3 TYPE OF SERVICE VARIABLE

Date presenting the current type of service utilized by Hamilton-Wentworth clients in residential, day and support programs. Cross-tabulations of type of service by age of clients are also presented.

Table 6: Summary of Type of Service
Table 7: Current Residential Type
Table 8: Current Day Program Type
Table 9: Current Support Program Type
Table 10: Current Residential Type by Age
Table 11: Current Day Program Type by Age
Table 12: Current Support Program Type by Age

TABLE 6

SUMMARY OF TYPE OF SERVICE

Type of Service	In Service		Not in Service*	
	Frequency	Percent	Frequency	Percent
Residential	351	36.8	600	62.8
Day Program	847	88.7	98	10.3
Support Program	705	73.8	207	21.7

* Figures exclude clients with unspecified or unknown program involvement.

- 62.8% of all clients are not in a residential program.
- 88.7% of all clients are involved with at least one day program.
- 73.8% of all clients are involved with at least one support program.

TABLE 7

CURRENT RESIDENTIAL TYPE*

Residential Type	Frequency	Percent
Live with Own Family	493	51.6
Independent Living	107	11.2
Mental Retardation Facility	77	8.1
Group Home	74	7.7
Special Support Home for Adults and Children	49	5.1
Foster Home/Family Support Home	31	3.2
Nursing/Extended Care Home	27	2.8
Long Term Care	24	2.5
Serviced Apartment/Home Co-op	23	2.4
Home for the Aged	23	2.4
Psychiatric Institution	18	1.9
Residential Care in Homes for Special Care	5	0.5
Don't Know	4	0.4
TOTAL	955	100.0

* See Appendix 3 for more details regarding residential type categories.

- 62.8% of all clients do not live in any type of residential facility (ie. live with own family or live independently).
- 36.8% of all clients live in some type of residential facility.
- Of those clients who live in a residential facility, 21.9% live in a Mental Retardation facility and 21.1% live in a Group Home.

TABLE 8

CURRENT DAY PROGRAM TYPE*
(multiple response)

Day Program Type	Frequency	Percent of Cases (n=955)
No Day Program Involvement	98	10.3
Sheltered Workshop/Occupational Activity	362	37.9
Ministry/Board of Education Program	261	27.3
Life Skills/Prevocational/Community Activity Program	88	9.2
Developmental Life Skills	46	4.8
Day Care and Pre-School (age 2-6)	33	3.5
Medical and Physical Therapy	24	2.5
Psychiatric Day Program	15	1.6
Regular Employment	7	0.7
Recreation/Leisure Activities	7	0.7
Residential 'Home' Based	3	0.3
Semi-Competitive/Semi-Sheltered Work Setting	2	0.2
Volunteer Work	1	0.1
Adult Education	1	0.1
Schedule I or II Facility	1	0.1
Don't Know	7	0.7
Not Specified	1	0.1

* See Appendix 3 for more details regarding day program type categories.

NOTE:
- 98 (10.3%) clients are not involved in any day programs.
- 847 (88.7%) clients are involved in one day program.
- 2 (0.2%) clients are involved in two day programs

- 42.7% of clients involved in day programs are participating in a sheltered workshop or occupational activity.
- 30.8% of clients involved in day programs are participating in Ministry or Board of Education programs.

TABLE 9

CURRENT SUPPORT PROGRAM TYPE*
(multiple response)

Support Program Type	Frequency	Percent of Cases (n=955)
No Support Program Involvement	207	21.7
Medical Services (Physical Health)	627	65.7
Recreation/Leisure Activities	427	44.7
Home Supports (non-independent living)	221	23.1
Mental Health Supports	126	13.2
Skills Training	108	11.3
Education	97	10.2
Supports for Independent Living	72	7.5
Vocational Supports	56	5.9
Personal Supervision	3	0.3
Don't Know	46	4.8

* See Appendix 3 for more details regarding support program type categories.

NOTE:
- 207 (21.7%) clients are not involved with any support programs.
- 195 (20.4%) clients are involved with only one support program.
- 163 (17.1%) clients are involved with two support programs.
- 169 (17.9%) clients are involved with three support programs.
- 178 (18.6%) clients are involved with four or more support programs.
- 43 (4.5%) respondents did not know of any support program involvement by their clients.

- of the 705 clients reporting to use support programs:
  - 627 (65.7%) instances of use of medical services were reported;
  - 427 (44.7%) instances of use of recreation/leisure services were reported; and
  - 126 (13.2%) instances of use of mental health supports were reported.

TABLE 10

CURRENT RESIDENTIAL TYPE BY AGE

Age	In A Residential Program		Independent/Family Living	
	Frequency	Percent	Frequency	Percent
0-2 years	1	0.3	15	2.5
3-5 years	3	0.9	41	6.8
6-17 years	65	18.5	136	22.7
18-21 years	35	10.0	73	12.2
22-35 years	151	43.0	233	38.8
36-45 years	39	11.1	67	11.2
46 years and older	57	16.2	35	5.8
TOTAL	351	100.0	600	100.0

NOTE: For 4 clients, it was not known whether they were in a residential setting.

In A Residential Program

- 43.0% of clients in a residential program are 22-35 years of age.
- 19.7% of clients in a residential program are under 18 years of age.

Independent/Family Living

- 38.8% of clients who live independently or with their own family are 22-35 years of age.
- 32.0% of clients who live independently or with their own family are under 18 years of age.

TABLE 11

CURRENT DAY PROGRAM TYPE BY AGE

Age	In a Day Program		Not in Day Program	
	Frequency	Percent	Frequency	Percent
0-2 years	4	0.5	12	12.2
3-5 years	40	4.7	4	4.1
6-17 years	201	23.6	0	0.0
18-21 years	99	11.6	9	9.2
22-35 years	354	41.6	30	30.6
36-45 years	88	10.4	16	16.3
46 years and older	64	7.5	27	27.6
TOTAL	850	100.0	98	100.0

NOTE: For 7 clients, it was not known whether they were involved in any day program(s).

In Day Program(s)

- 41.6% of clients in day programs are 22-35 years of age.
- 28.8% of clients in day programs are under 18 years of age.

Not in Day Program

- 30.6% of clients not in any day program are 22-35 years of age.
- 27.6% of clients not in any day program are over 45 years of age.
- 16.3% of clients not in any day program are under 18 years of age.

TABLE 12

CURRENT SUPPORT PROGRAM TYPE BY AGE

	In Support Program(s)		Not in Support Programs	
	Frequency	Percent	Frequency	Percent
0-2 years	16	2.3	0	0.0
3-5 years	43	6.1	1	0.5
6-17 years	157	22.3	41	19.8
18-21 years	75	10.6	20	9.7
22-35 years	263	37.3	104	50.2
36-45 years	80	11.3	22	10.6
46 years and older	71	10.1	19	9.2
TOTAL	705	100.0	207	100.0

NOTE: For 43 clients, it was not known whether they were involved in any support program(s).

In Support Program(s)

- 37.3% of clients in support programs are 22-35 years of age.
- 30.7% of clients in support programs are under 18 years of age.

Not in Support Program(s)

- 50.2% of clients not in support programs are 22-35 years of age.
- 20.3% of clients not in support programs are under 18 years of age.

8.4 FUNCTIONAL LEVEL VARIABLE

Data presenting the functional levels of Hamilton-Wentworth clients along the dimensions of primary developmental disability, secondary developmental disability, mobility handicap, sensory handicap, communicative handicap, and social behavioural problems. Cross-tabulations of functional level by type of service are also presented.

Table 13: Summary of Functional Level

Table 14: Developmental Disability, Primary

Table 15: Developmental Disability, Secondary

Table 16: Mobility Handicap

Table 17: Sensory Handicap

Table 18: Communicative Handicap

Table 19: Social Behavioural Problems

Table 20: Developmental Disability, Primary by Current Residential Type

Table 21: Developmental Disability, Primary by Current Day Program

Table 22: Developmental Disability, Primary by Current Support Programs

Table 23: Current Residential Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

Table 24: Current Day Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

Table 25: Current Support Program Type by Mobility, Sensory, Communicative and Social Behavioural Handicaps

TABLE 13

SUMMARY OF FUNCTIONAL LEVEL

Functional Level	With Handicap		Without Handicap		Not Specified/ Don't Know
	Frequency	Percent	Frequency	Percent	
Developmental Disability, Primary	632	66.2	0	0.0	323
Developmental Disability, Secondary	72	7.5	850	89.0	33
Mobility Handicap	272	28.5	639	66.9	44
Sensory Handicap	245	25.7	647	67.7	63
Communicative Handicap	438	45.9	457	47.9	60
Social Behavioural Problems	502	52.6	379	39.7	74

- only 7.5% of all clients have an identified secondary developmental disability.
- 28.5% of all clients have a mobility handicap.
- 25.7% of all clients have a sensory handicap.
- 45.9% of all clients have a communicative handicap.
- 52.6% of all clients have social behavioural problems.

TABLE 14

DEVELOPMENTAL DISABILITY, PRIMARY

Disability	Frequency	Percent
Moderate Retardation	211	23.1
Mild Retardation	124	13.0
Severe Retardation*	118	12.4
Profound Retardation*	75	7.9
Borderline Mental Retardation	63	6.6
Developmental Delay	12	1.3
Autism	6	0.6
Cerebral Palsy	5	0.5
Brain Injury	2	0.2
Paralysis	2	0.2
Spinal Cord Disorder	2	0.2
At Risk	1	0.1
Psychiatric Disorder	1	0.1
Retardation Level Unspecified	320	33.5
Don't Know/Not Specified	3	0.3
TOTAL	955	100.0

* Please note that in the Hamilton-Wentworth community there are approximately 150 beds available for the care of severely and profoundly retarded people.

- 33.8% of all respondents did not specify or know the retardation level of the client.
- 23.1% of all clients are considered to be moderately retarded.
- 20.3% of all clients are considered to be profoundly/severely retarded.
- 19.6% of all clients are considered to be mildly/borderline retarded.

TABLE 15

DEVELOPMENTAL DISABILITY, SECONDARY

Disability	Frequency	Percent
Cerebral Palsy	18	0.5
Developmental Delay	16	1.7
Learning Disability	14	1.5
Moderate Retardation	5	0.5
Autism	5	0.5
Mild Retardation	4	0.4
Borderline Mental Retardation	2	0.2
Psychiatric/Psychological Disorder	2	0.2
Severely Retarded	2	0.2
Other Syndrome/Disorder	2	0.2
Paralysis	1	0.1
Senility/Alzheimer's Disease	1	0.1
No/None	850	89.0
Retardation Level Unspecified	4	0.4
Don't Know/Not Specified	29	3.0
TOTAL	955	100.0

- 89.0% of all clients do not have a secondary developmental disability.
- 7.5% of all clients have a reported secondary developmental disability.

NOTE: Since only 7.5% (72) clients have a reported secondary disability, detailed analysis by 'type of service' has not been conducted for this report.

TABLE 16

MOBILITY HANDICAP

Handicap	Frequency	Percent
Within Normal Limits	639	66.9
Not Ambulatory	121	12.7
Difficulty But Uses Stairs	81	8.5
Wheelchair or Equivalent Without Assistance	36	3.8
Partial Ambulatory	34	2.6
Not Specified	44	4.6
TOTAL	955	100.0

- 66.9% of all clients do not have a mobility handicap (ie. handicap is within normal limits).
- 12.7% of all clients are not ambulatory.

TABLE 17

SENSORY HANDICAP

Handicap	Frequency	Percent
Impaired Vision	116	12.1
Legally Blind	51	5.3
Mild Multi-Sensory Handicaps	28	2.9
Hard of Hearing/Hearing Impaired	23	2.4
Severe Multi-Handicapped	16	1.7
Deaf	6	0.6
Moderate Multi-Handicapped	5	0.5
No/None	647	67.7
Don't Know/Not Specified	63	7.6
TOTAL	955	100.0

- 67.7% of all clients do not have a sensory handicap.
- 25.7% of all clients have a sensory handicap and, of these, 47.3% have impaired vision.

TABLE 18

COMMUNICATIVE HANDICAP

Handicap	Frequency	Percent
Impairment*	438	45.9
No/None	457	47.9
Don't Know/Not Specified	60	7.3
TOTAL	955	100.0

* Impairment of receptive or expressive skill sufficient to indicate need for speech/communication assessment, therapy or training.

° 47.9% of all clients do not have a communication handicap while 45.9% have such a handicap.

TABLE 19

SOCIAL BEHAVIOURAL PROBLEMS

	Frequency	Percent
Acceptable Behaviour in the Community	379	39.7
Acceptable Behaviour in Care	216	22.6
Mild Unacceptable Behaviour/Manners	136	14.2
Severe Unacceptable Behaviour	40	4.2
Socially Withdrawn or Inadequate	40	4.2
Socially Offensive Behaviour/Mannerisms	24	2.5
Dangerous to Self	22	2.3
Unresponsive	20	2.1
Dangerous to Others	4	0.4
Don't Know/Not Specified	74	7.7
TOTAL	955	100.0

- 39.7% of all clients are considered to display acceptable behaviour in the community.
- 22.6% of all clients display acceptable behaviour in care.
- 9.4% of all clients display severe/ offensive or dangerous behaviours or mannerisms.

TABLE 20

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT RESIDENTIAL TYPE

Disability	Total	Independent living	Live With Family	Foster Home/ Family Support	Group Home	Special Support Home	Psychiatric Institution	Special Residential Care	Nursing/ Extended Care Home	Home for Aged	Long-Term Care	Mental Retardation Facility	Serviced Apt./ Co-op
Moderate Retardation	221	25	102	7	28	8	3	2	11	5	3	15	12
Mild Retardation	124	22	60	1	12	4	7	0	8	0	0	0	10
Severe Retardation	118	1	40	13	14	15	1	0	2	1	2	29	0
Profound Retardation	75	0	16	1	0	17	3	0	0	0	9	29	0
Borderline Mental Retardation	63	17	39	4	1	0	1	0	0	0	0	0	1
Developmental Delay	12	0	10	0	0	2	0	0	0	0	0	0	0
Autism	6	0	2	0	0	0	1	0	0	0	3	0	0
Cerebral Palsy	5	0	0	2	0	1	0	0	0	0	2	0	0
Brain Injury	2	0	0	0	0	1	0	0	0	0	1	0	0
Paralysis	2	0	1	0	0	0	0	0	0	0	1	0	0
Spinal Cord Disorder	2	0	0	0	0	0	0	0	0	0	2	0	0
At Risk	1	0	1	0	0	0	0	0	0	0	0	0	0
Psychiatric Disorder	1	0	0	0	1	0	0	0	0	0	0	0	0
Retardation Level Unspecified*	320	42	220	3	18	1	2	3	6	17	1	3	0
Don't Know/Not Specified	3	0	2	0	0	0	0	0	0	0	0	1	0
TOTAL	955	107	493	31	74	49	18	5	27	23	24	77	23

* The retardation level and type of residential setting were not known for four (4) clients.

- 46.2% of the moderately retarded clients live with their own family.
- 48.4% of the mildly retarded clients reside with their own family.
- 33.9% of the severely retarded clients live with their own family while 24.6% live in a mental retardation facility.
- 38.7% of the profoundly retarded clients reside in a mental retardation facility.
- 61.9% of the borderline mentally retarded clients live with their own family.
- 68.8% of the clients without a specified retardation level live with their own family.

TABLE 21

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT DAY PROGRAM

	Total	Sheltered Workshop	Life Skills	Developmental Life Skills	Day Care/ Pre-School	Ministry/ Board Program	Adult Education	Regular Employment	Recreation/ Leisure	Semi-Competitive/ Sheltered Work	Volunteer Work	Medical & Physical Therapy	Residential 'Home' Base	Schedule I or II Facility	Psychiatric Day Program	No Day Program
Moderate Retardation	221	55	20	2	6	99	0	1	3	1	0	0	0	0	3	30
Mild Retardation	124	44	6	0	6	26	1	2	2	1	1	0	0	0	9	26
Severe Retardation	118	8	26	24	2	43	0	0	2	0	0	7	1	0	0	5
Profound Retardation	75	1	6	10	0	30	0	0	0	0	0	17	1	0	0	10
Borderline Mental Retardation	63	49	1	0	0	7	0	0	0	0	0	0	0	0	2	3
Developmental Delay	12	0	1	0	2	5	0	0	0	0	0	0	0	0	0	4
Autism	6	0	1	0	0	1	0	0	0	0	0	0	0	0	0	4
Cerebral Palsy	5	1	1	1	0	2	0	0	0	0	0	0	0	0	0	0
Brain Injury	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paralysis	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Spinal Cord Disorder	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
At Risk	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Psychiatric Disorder	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Retardation Level Unspecified	320	200	25	9	17	44	0	4	0	0	0	0	1	0	1	13
Don't Know/Not Specified	3	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0
TOTAL	955	361	88	46	33	260	1	7	7	2	1	24	3	1	15	98

- 44.8% of the moderately retarded clients are involved in a Ministry or Board of Education day program while 24.9% are involved in a sheltered workshop.
- 35.5% of the mildly retarded clients are involved in a sheltered workshop; 21.0% are not involved in any day program(s); and 21.0% are involved in a Ministry or Board of Education day program.
- 36.4% of the severely retarded clients are involved in a Ministry or Board of Education program and a further 22.0% are involved in a life skills program.
- 40.0% of the profoundly retarded clients are involved in a Ministry or Board of Education day program while 22.7% are involved in a medical or physical therapy program.
- 77.8% of the borderline retarded clients are involved in a sheltered workshop.
- 62.5% of the clients without a specified retardation level are involved in a sheltered workshop.

TABLE 22

DEVELOPMENTAL DISABILITY, PRIMARY BY CURRENT SUPPORT PROGRAMS
(multiple response)*

Disability	Total Clients	Home Supports	Education	Vocational Supports	Medical Services	Mental Health Supports	Recreation/ Leisure	Personal Supervision	Support for Independent Living	Skills Training
Moderate Retardation	221	48	25	16	133	30	95	0	20	28
Mild Retardation	124	30	20	18	55	37	38	1	17	12
Severe Retardation	118	51	3	5	174	15	69	1	3	27
Profound Retardation	75	13	1	0	153	9	50	0	0	12
Borderline Mental Retardation	63	10	3	1	4	6	10	0	5	5
Developmental Delay	12	13	0	0	17	1	5	0	0	0
Autism	6	3	1	0	1	1	2	0	0	3
Cerebral Palsy	5	0	0	1	3	1	5	0	0	1
Brain Injury	2	0	1	1	1	1	2	0	0	0
Paralysis	2	0	0	3	2	2	1	0	0	0
Spinal Cord Disorder	2	0	0	0	3	0	2	0	0	0
At Risk	1	2	0	0	2	0	0	0	0	0
Psychiatric Disorder	1	0	0	0	0	0	0	0	0	0
Retardation Level Unspecified	320	51	43	11	79	23	148	1	26	19
Don't Know/Not Specified	3	0	0	0	0	0	0	0	1	1
TOTAL	955	221	97	56	627	126	427	3	72	108

* Table represents multiple responses and, thus, does not total 955 clients. The above data has been reported for 705 clients (73.8% of all clients). (207 of all clients). (207 clients do not receive any support programs while data was not specified or known for 43 clients).

- each moderately retarded client utilizes 0.6 medical services on average and 0.4 recreation/leisure support programs on average.
- each mildly retarded client utilizes 0.4 medical services on average.
- each severely retarded client utilizes 1.5 medical services and 0.6 recreation/leisure support programs on average.
- each profoundly retarded client utilizes 2.0 medical services on average and 0.7 recreation/leisure support services on average.
- each client whose retardation level is unspecified utilizes 0.5 recreation/leisure programs on average.

TABLE 23

CURRENT RESIDENTIAL TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS

Residential Type	Mobility Handicap	Sensory Handicap	Communica-tive Handicap	Social Behavioural Problems
Live With Own Family	99	102	217	228
Independent Living	5	17	11	36
Mental Retardation Facility	68	30	69	62
Group Home	13	15	28	40
Special Support Home for Adults and Children	41	32	45	43
Foster Home/Family Support Home	9	11	21	19
Nursing/Extended Care Home	8	4	12	17
Long-Term Care	21	7	20	21
Serviced Apartment/Home Co-op	1	2	1	3
Home for the Aged	4	20	7	15
Psychiatric Institution	3	4	6	17
Residential Care in Homes for Special Care	0	0	1	1
TOTAL	272	244	438	502

Mobility Handicap (28.5%)

- 36.4% of clients with mobility handicaps live with their own family.
- 25.0% of clients with mobility handicaps live in a mental retardation facility.

Sensory Handicap (25.5%)

- 41.8% of clients with a sensory handicap live with their own family.

Communicative Handicap (45.9%)

- 49.5% of clients with communicative handicap live with their own family.
- 15.8% of clients with communicative handicap live in a mental retardation facility.

Social Behavioural Problems (52.6%)

- 45.4% of clients with social behavioural problems live with their own family.
- 12.4% of clients with social behavioural problems live in a mental retardation facility.

TABLE 24

CURRENT DAY PROGRAM TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS

Day Program Type	Mobility Handicap	Sensory Handicap	Communica-tive Handicap	Social Behavioural Problems
No Day Program Involvement	22	19	58	62
Sheltered Workshop (Occupational Activity)	42	72	75	121
Ministry/Board of Education Program	87	74	162	159
Life Skills/Prevocational/ Community Activity	42	27	54	72
Developmental Life Skills	38	27	43	45
Day Care and Pre-School (age 2-6)	13	8	32	13
Medical and Physical Therapy	24	9	24	24
Psychiatric Day Program	0	2	1	6
Regular Employment	0	0	0	1
Recreation/Leisure Activities	1	2	1	7
Residential 'Home' Based	1	1	2	2
Semi-Competitive/Semi-Sheltered Work Setting	1	1	1	0
Volunteer Work	0	0	0	0
Adult Education	1	1	1	1
Schedule I or II Facility	0	1	0	1
TOTAL	272	244	438	502

Mobility Handicap (28.5%)

- 32.0% of clients with mobility handicaps are involved in Ministry/ Board of Education programs.
- 15.4% of clients with mobility handicaps are involved in a sheltered workshop program and 15.4% are involved in a life skills type activity.

Sensory Handicap (25.5%)

- 30.3% of clients with sensory handicaps are involved in Ministry/ Board of Education programs.
- 29.5% of clients with sensory handicaps are involved in a sheltered workshop program.

cont'd...

Communicative Handicap (45.9%)

- 37.0% of clients with communicative handicaps are involved in Ministry/Board of Education programs.
- 17.1% of clients with communicative handicaps are involved in a sheltered workshop program.

Social Behavioural Problems (52.6%)

- 31.7% of clients with social behavioural problems are involved in Ministry/Board of Education programs.
- 24.1% of clients with social behavioural problems are involved in a sheltered workshop.

TABLE 25

CURRENT SUPPORT PROGRAM TYPE BY MOBILITY, SENSORY, COMMUNICATIVE AND SOCIAL BEHAVIOURAL HANDICAPS
(multiple response)

Support Program Type	Mobility Handicap	Sensory Handicap	Communicative Handicap	Social Behavioural Problems
No Support Program Involvement	68	79	92	116
Medical Services (Physical Health)	440	265	557	466
Recreation/Leisure Activities	153	123	213	266
Home Supports	76	53	153	138
Mental Health Supports	23	30	61	81
Skills Training	25	23	63	94
Vocational Supports	12	9	14	1
Education	7	17	22	31
Supports for Independent Living	5	13	13	30
Personal Supervision	1	1	2	1
Don't Know/Not Specified	24	112	76	101
TOTAL	844	725	1266	1343

Mobility Handicap (28.5%)

- each mobility handicapped client utilizes 1.6 medical services on average.
- each mobility handicapped client utilizes 0.6 recreation/leisure support program on average.

Sensory Handicap (25.5%)

- each sensory handicapped client utilizes 1.1 medical services on average.
- each sensory handicapped client utilizes 0.5 recreation/leisure support programs on average.

Communicative Handicap (45.9%)

- each communicatively handicapped client utilizes 1.3 medical services on average.
- each communicatively handicapped client utilizes 0.5 recreation/leisure support programs on average.

cont'd...

Social Behavioural Problems (52.6%)

- each client with social behavioural problems utilizes 0.9 medical services on average.
- each client with social behavioural problems utilizes 0.5 recreational/leisure support programs on average.

8.5 APPROPRIATENESS OF SERVICE VARIABLE

Data presenting the appropriateness levels of Hamilton-Wentworth clients who are in residential, day and support programs.

Table 26: Summary of Appropriateness of Programs

Table 27: Current Residential Type by Appropriateness of Residential Setting

Table 28: Current Day Program Type by Appropriateness of Day Program

Table 29: Frequency of Support Programs Which are 'Appropriate But Not Enough Resources' and 'On Waiting List'.

TABLE 26

SUMMARY OF APPROPRIATENESS OF PROGRAMS*

Appropriateness	Residential Setting		Day Program		
	Frequency	Percent	Frequency	Percent	
Most Inappropriate	20	2.1	30	3.1	**
Inappropriate	96	10.0	107	11.2	**
Appropriate Now But (< 2 years)***	85	8.9	153	16.0	
Appropriate Now But (> 2 years)***	154	16.1	110	11.5	
Appropriate with Changes	47	4.9	36	3.8	
Most Appropriate	531	55.6	502	52.6	
Don't Know	22	2.3	17	1.8	
TOTAL	955	100.0	955	100.0	

* Table does not present 'appropriateness' data for support programs since the format used to collect this information was not similar to that for residential and day programs.

** The 137 clients include 68 clients who are not involved in any day program and, in fact, this indicates that it is felt that these clients should be participating in some kind of day program. Only 69 of 857 (8.1%) clients are actually considered to be most inappropriately/inappropriately involved in their current day program.

*** 'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

'Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

- 55.6% of all clients are considered to be 'most appropriately' placed in their current residential accommodation while 12.1% are 'most inappropriately/inappropriately' placed.
- 52.6% of all clients are considered to be 'most appropriately' involved in their current day program while 8.1% are 'most inappropriately/inappropriately' involved in programming.

TABLE 27

CURRENT RESIDENTIAL TYPE BY APPROPRIATENESS OF RESIDENTIAL SETTING

Residential Type	Total	Most Inappro-priate	Inappro-priate	Appropriate Now But (< 2 years)*	Appropriate Now But (> 2 years)*	Appropriate with Changes	Most Appro-priate	Don't Know
Live with Own Family	493	10	32	42	119	15	263	12
Independent Living	107	5	12	7	11	14	55	3
Mental Retardation Facility	77	0	3	0	5	7	61	1
Group Home	74	1	10	17	5	5	35	1
Special Support Home for Adults and Children	49	0	1	2	0	1	45	0
Foster Home/Family Sup-port Home	31	0	3	6	7	0	15	0
Nursing/Extended Care Home	27	1	5	4	1	2	13	1
Long-Term Care	24	0	22	2	0	0	0	0
Serviced Apartment/ Home Co-op	23	0	0	0	0	3	20	0
Home for the Aged	23	0	0	0	1	0	22	0
Psychiatric Institution	18	3	8	5	1	0	1	0
Residential Care in Homes for Special Care	5	0	0	0	4	0	1	0
Don't Know	4	0	0	0	0	0	0	4
TOTAL	955	20	96	85	154	47	531	22

* 'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

'Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

° 12.1% of all clients are considered to be most inappropriately/ inappropriately placed in their current accommodation and 36.2% of those most inappropriately/inappropriately placed are living with their own families and 19.0% are in long-term care facilities.

cont'd...

Table 27 cont'd

- 8.9% of all clients are considered to be appropriately placed but will require relocation within 2 years, and 49.4% of these clients currently live with their own families.
- 16.1% of all clients are considered to be appropriately placed but will require relocation in more than 2 years, and 77.3% of these clients currently live with their own families.
- 4.9% of all clients are considered to be appropriately placed but require changes within their present setting, and 61.7% of these clients currently live independently or live with their own families.
- 55.6% of all clients are considered to be most appropriately placed (no need for change) and 49.5% of these clients live with their own families while 11.5% live in a mental retardation facility currently.

TABLE 28

CURRENT DAY PROGRAM TYPE BY APPROPRIATENESS OF DAY PROGRAM

	Total	Most Inappro-priate	Inappro-priate	Appropriate Now But (< 2 years)*	Appropriate Now But (> 2 years)*	Appropriate with Changes	Most Appro-priate	Don't Know
No Day Care Involvement	98	20	48	16	1	0	8	5
Sheltered Workshop/ Occupational Therapy	361	2	21	42	26	22	245	3
Ministry/Board of Education	260	1	14	42	71	4	126	2
Life Skills/Pre-vocational/ Community Activity	88	1	4	16	9	2	56	0
Developmental Life Skills	46	0	0	10	2	2	32	1
Day Care and Pre-School (age 2-6)	33	1	2	18	1	0	11	0
Medical and Physical Therapy	24	2	4	1	0	2	15	0
Psychiatric Day Program	15	0	11	3	0	1	0	0
Regular Employment	7	0	0	0	0	3	4	0
Recreation/Leisure Activi-ties	7	0	2	3	0	0	2	0
Residential 'Home' Based	3	0	0	0	1	0	2	0
Semi-Competitive/Sheltered Work Setting	2	0	0	1	0	0	1	0
Volunteer Work	1	1	0	0	0	0	0	0
Adult Education	1	1	0	0	0	0	0	0
Schedule I or II Facility	1	0	1	0	0	0	0	0
Don't Know/Not Specified	8	1	0	1	0	0	0	6
TOTAL	955	30	107	153	110	36	502	17

* 'Appropriate Now But (< 2 years)' means that client will require relocation within 2 years.

'Appropriate Now But (> 2 years)' means that client will require relocation in more than 2 years.

° 8.1% of all clients reporting day program involvement are considered to be most inappropriately/inappropriately involved in their current day program.

cont'd...

- for those reporting no day program involvement, 69.4% have been classified as 'most inappropriate/inappropriate' and this, in fact, indicates that it is felt that these clients should be participating in some kind of day program.
- 16.0% of all clients are considered to be appropriately placed but will require relocation within 2 years, and 27.5% of these clients are currently involved in a sheltered workshop/occupational activity and 27.5% are involved in a Ministry/Board of Education program.
- 11.5% of all clients are considered to be appropriately placed but will require relocation in more than 2 years, and 64.5% of these clients are currently involved in a Ministry/Board of Education program.
- 52.6% of all clients are considered to be most appropriately placed (no need for change), and 48.8% of these clients are currently involved in a sheltered workshop/occupational activity while 25.1% are involved in a Ministry/Board of Education program.

TABLE 29

FREQUENCY OF SUPPORT PROGRAMS WHICH ARE 'APPROPRIATE BUT NOT ENOUGH RESOURCES' AND 'ON WAITING LIST'*
(multiple response)

Support Program	Frequency
Recreation/Leisure	145
Adult Protection Services	69
Speech/Communication Therapy	60
Physio-Therapy	55
Occupational Therapy	53
Assessment/Diagnosis	49
Citizen Advocacy	42
Behaviour Training/Management	37
Parent Relief (out of home)	33
Evening Education	23
Personal and Family Counselling	22
Family Support Program/Case Management/Tri-Ministry Services	20
Psychological Assessment	13
Special Needs at Home	7
Sex Education/Sexuality Course/Sex Counselling	4
Supported Independent Living	4
Parent Relief (in home)	4
Public Health Nursing	2
Leisure Buddy/Big Brother or Sister	2
Vocational Support Services	2
Extend-A-Family	2
Disability Pension (e.g. GAINS, FBA)	1
Chedoke Child and Family Centre	1
Association for Neurologically Disabled	1
Trustee	1
Children's Aid Society	1
Stimulation in Growth and Development	1
Parent Support Groups	1

* The format for this table is different from the presented for the 'appropriateness' of residential and day programs (Table 27 and 28) since the method for collecting data for support programs was different from that of residential and day programs.

The table presents the number of clients who would appropriately be involved in the aforementioned support programs, however, there are currently either no or not enough resources to accommodate them. The table also includes clients who are currently on waiting lists for support programs (n=38).

cont'd...

- there are 655 reported instances of clients currently awaiting service in the various support programs listed above (some clients may be awaiting more than one service).
- 15.2% of all clients are awaiting service in recreation/leisure programs.
- 7.2% of all clients are awaiting an adult protection service.
- 6.3% of all clients are awaiting a program of speech/communication therapy.
- 5.8% of all clients are awaiting a program of physio-therapy.

8.6 RECOMMENDED PROGRAM VARIABLE

Data presenting the recommended program(s) for Hamilton-Wentworth clients according to their residential, day and support service needs.

Table 30: Current Residential Type and Needed Residential Type

Table 31: Recommended Residential Monitoring for 'Most Inappropriately/Inappropriately' Placed Clients

Table 32: Recommended Residential Program Emphasis for 'most inappropriately/ inappropriately' Placed Clients

Table 33: Current Day Program Type and Needed Day Program Type

Table 34: Recommended Day Program Milieu for 'Most Inappropriately/Inappropriately' Placed Clients

Table 35: Frequency of Support Programs which are 'Appropriate But Not Enough Resources' and 'On Waiting List'

TABLE 30

CURRENT RESIDENTIAL TYPE AND NEEDED RESIDENTIAL TYPE*

Residential Type	Current	Needed	Gross Difference
Live with Own Family	493	366	- 127
Independent Living	107	94	- 13
Mental Retardation Facility	77	89	12
Group Home	74	169	95
Special Support Home for Adults and Children	49	58	9
Foster Home/Family Support Home	31	22	- 9
Nursing/Extended Care Home	27	21	- 6
Long-Term Care	24	2	- 22
Serviced Apartment/Home Co-op	23	64	41
Home for the Aged	23	25	2
Psychiatric Institution	18	1	- 17
Residential Care in Homes for Special Care	5	10	5
Other**	0	6	6
Don't Know/Not Specified	4	28	24
TOTAL	955	955	-

* It is important to note that it was not possible to identify, on a case-by-case basis, the direct relationships between the current and needed residential types (ie. 1 to 1 relationship). Subtracting the current residential type from the needed residential type only provides a gross difference between the two indicators. It was not possible to 'track' the movement (e.g. number) of clients between residential types. This factor should be considered when reading the interpretation below.

** 'Other' includes the following needed types:

- 2 clients - senior citizens' residence
- 2 clients - total communication group home
- 1 client - psychiatric group home
- 1 client - subsidized housing

cont'd...

- 366 clients (38.3%) need to be living with their own family and this represents 127 people less than are currently living with their family. This would appear to indicate that the 127 clients should, in fact, be in some type of residential program (and not living with their families).
- 2 clients (0.2%) need to be in a long-term care facility and this represents 22 people less than are currently residing in such facilities.
- 1 client (0.1%) needs to be in a psychiatric institution and this represents 17 people less than are currently in such an institution.
- 169 clients (17.7%) need to be in a group home and this represents 95 people more than are currently in a group home.
- 64 clients (6.7%) need a serviced apartment/home co-op and this represents 41 people more than are currently in such apartments/co-ops.

TABLE 31

RECOMMENDED RESIDENTIAL MONITORING FOR 'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*

	Frequency	Percent
24-Hour Awake Staff	50	43.1
Staff with Sleeping Night Shift	32	27.6
Program Staff Evenings Only (Hands-on)	6	5.2
Support Program Staff (Minimal Hands-on)	6	5.2
Live-in Adult(s)	4	3.4
Staff without Night Shift	2	1.7
Parents with In-Home Relief	1	0.9
Parents with Out-of-Home Relief	1	0.9
Parents Only	0	0.0
Live-in Adult(s) with In-Home Relief	0	0.0
Live-in Adult(s) with Out-of-Home Relief	0	0.0
Staff Follow-up Only	0	0.0
Don't Know/Not Specified	14	12.1
TOTAL	116	100.0

* 116 clients were considered to be 'most inappropriately/inappropriately' placed in their current residential setting (see Table 27). The table above presents the recommended monitoring required for these 116 clients.

- 43.1% of the 'most inappropriately/inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 27.6% of the 'most inappropriately/inappropriately' placed clients are recommended for a monitoring program of staff with a sleeping night shift.

TABLE 32

RECOMMENDED RESIDENTIAL PROGRAM EMPHASIS FOR 'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*
(multiple response)

Recommended Program Emphasis	Frequency	Percent (n=116)
Daily Living Skills	48	41.4
Basic Physical, Emotional, Social and Life Skills Development	45	38.8
Community Living Skills	40	34.5
Behaviour Management Skills	26	22.4
Minimal Support Program	13	11.2
Total Communication Environment	11	9.5
Emotional Management Skills	9	7.8
No Program Required	1	0.9
Other	10	8.6

* 116 clients were considered to be 'most inappropriately/inappropriately' placed in their current residential setting (see Table 27). The table above indicates that the recommended program emphasis/emphases for the 116 clients.

- 41.4% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing daily living skills.
- 38.8% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing basic physical, emotional, social and life skills development.
- 34.5% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing community living skills.

TABLE 33

CURRENT DAY PROGRAM TYPE AND NEEDED DAY PROGRAM TYPE*

Day Program Type	Current	Needed	Gross Difference
No Day Program Involvement	98	10	--
Sheltered Workshop/Occupational Activity	361	377	16
Ministry/Board of Education Program	260	221	- 39
Life Skills/Prevocational/ Community Activity	88	110	22
Developmental Life Skills	46	53	7
Day Care and Pre-School (age 2-6)	33	38	5
Medical and Physical Therapy	24	18	- 6
Psychiatric Day Program	15	2	- 13
Regular Employment	7	37	30
Recreation/Leisure Activities	7	26	19
Residential 'Home' Based	3	2	- 1
Semi-Competitive/Semi-Sheltered Work Setting	2	6	4
Volunteer Work	1	3	2
Adult Education	1	3	2
Schedule I or II Facility	1	0	- 1
Other**	0	12	12
Don't Know	8	37	29
TOTAL	955	955	

* It is important to note that it was not possible to identify, on a case-by-case basis, the direct relationships between the current and needed day program types (ie. 1 to 1 relationships). Subtracting the current day program type from the needed day program type only provides a gross difference between the two indicators. It was not possible to 'track' the movement (e.g. number) of clients between residential types. This factor should be considered when reading the interpretation below.

** 'Other' includes the following needed types:

- 8 clients - stimulation in growth and development
- 3 clients - in-home developmental/activation program (for seniors)
- 1 client - behavioural program

cont'd...

- 221 clients (23.1%) need to be in a Ministry/ Board of Education program and this represents 39 people less than are currently in such a program.
- 2 clients (0.2%) need to be in a psychiatric day program and this represents 13 people less than are currently involved in such a program.
- 37 clients (3.9%) need to have regular employment and this represents 30 people more than are currently employed.
- 110 clients (11.5%) need to be involved in a life skills/prevocational/community activity and this represents 22 people more than are currently involved in such an activity.

TABLE 34

RECOMMENDED DAY PROGRAM MILIEU FOR 'MOST INAPPROPRIATELY/INAPPROPRIATELY' PLACED CLIENTS*

Recommended Milieu	Frequency	Percent
Shared with Other MR Persons	77	56.2
Shared with Non-MR Persons	28	20.4
Self-Contained Program	3	2.2
Home-Based Program	1	0.7
Other	2	1.5
Don't Know/Not Specified	26	19.0
TOTAL	137	100.0

* 137 clients were considered to be 'most inappropriately/inappropriately' placed in their current day program (including those with no day program involvement) - see Table 28. The table above presents the recommended day program milieu for these 137 clients.

- 56.2% of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.
- 20.4% of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with non-MR persons.

TABLE 35

FREQUENCY OF SUPPORT PROGRAMS WHICH ARE 'APPROPRIATE BUT NOT ENOUGH RESOURCES' AND 'ON WAITING LIST'*
(multiple response)

Support Program	Frequency
Recreation/Leisure	145
Adult Protection Services	69
Speech/Communication Therapy	60
Physio-Therapy	55
Occupational Therapy	53
Assessment/Diagnosis	49
Citizen Advocacy	42
Behaviour Training/Management	37
Parent Relief (out of home)	33
Evening Education	23
Personal and Family Counselling	22
Family Support Program/Case Management/Tri-Ministry Services	20
Psychological Assessment	13
Special Needs at Home	7
Sex Education/Sexuality Course/Sex Counselling	4
Supported Independent Living	4
Parent Relief (in home)	4
Public Health Nursing	2
Leisure Buddy/Big Brother or Sister	2
Vocational Support Services	2
Extend-A-Family	2
Disability Pension (e.g. GAINS, FBA)	1
Chedoke Child and Family Centre	1
Association for Neurologically Disabled	1
Trustee	1
Children's Aid Society	1
Stimulation in Growth and Development	1
Parent Support Groups	1

* The format for this table is different from that presented for the recommended (needed) residential and day programs (Tables 30 and 33) since the method for collecting data for support programs was different from that of residential and day programs.

The table presents the number of clients who would appropriately be involved in or recommended for the aforementioned support programs, however, there are currently either no or not enough resources to accommodate them. The table also includes those clients who are currently on waiting lists for support programs (n=38).

cont'd...

- there are 655 reported instances of client currently awaiting and recommended for service in the various support programs listed above (some clients may be awaiting more than one service).
- 15.2% of all clients are awaiting and recommended for service in recreation/leisure programs.
- 7.2% of all clients are awaiting and recommended for an adult protection service.
- 6.3% of all clients are awaiting and recommended for a program of speech/communication therapy.
- 5.8% of all clients are awaiting and recommended for a program of physio-therapy.

9. SUMMARY

Of the 1,365 clients in the data base for the developmentally handicapped, 955 (70.0%) clients live in the Regional Municipality of Hamilton-Wentworth. This report has attempted to analyze the data collected for these 955 clients using a six-level hierarchy as a focus for analysis.

The following summarizes the major trends/patterns presented in this report from the Data Analysis section -

Location Variable:

- 77.5% (740) of all clients live in the City of Hamilton (the remainder live outside the City).

Age Variable:

- 40.5% (387) of all clients are 22-45 years of age.
- 27.7% (265) of all clients are under 18 years of age.
- 9.3% (89) of all clients are over 45 years of age.

- 57.5% (549) of all clients are male.

Type of Service Variable:

- 62.8% (600) of all clients do not live in any type of residential facility (ie. live with their own family or live independently).
- 36.8% (351) of all clients live in some type of residential facility and, of these clients, 21.9% (77) live in a mental retardation facility.
- 43.0% (151) of clients in a residential program are 22-35 years of age and 19.7% (69) are under 18 years of age.
- 88.7% (847) of all clients are involved in one day program (and an additional 0.2% are involved in two day programs).
- 10.3% (98) of all clients are not involved in any day programs.

- 42.7% (362) of all clients in day programs are involved in sheltered workshops/occupational therapy activity and 30.8% (261) of clients are participating in Ministry or Board of Education programs.
- 41.6% (354) of all clients in day programs are 22-35 years of age while 28.8% (245) are under 18 years of age.
- 21.7% (207) of all clients are not involved in any support programs.
- 20.4% (195) of all clients are involved in only one support program.
- 53.4% (510) of all clients are involved in more than one support program.
- of the 73.8% (705) of all clients who reported support program involvement, on average, each uses 0.9 medical services (for physical health), 0.6 recreation/leisure services and 0.2 mental health supports.
- 37.3% (263) of all clients in support programs are 22-35 years of age while 30.7% (216) are under 18 years of age.

Functional Level Variable:

- 23.1% (221) of all clients are considered to be moderately retarded and, of these clients:
  - 46.2% live with their own family;
  - 44.8% are involved in a Ministry/Board of Education day program and 24.9% participate in a sheltered workshop; and,
  - each client utilizes 0.6 medical services on average.
- 20.3% (193) of all clients are considered to be profoundly/severely retarded and, of these clients:
  - 30.1% live in a mental retardation facility;
  - 37.8% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 1.7 medical services and 0.6 recreation/leisure support services on average.
- 19.6% (187) of all clients are considered to be mildly/borderline retarded and, of these clients:

  - 52.9% live with their own family;
  - 49.7% are involved in a sheltered workshop; and,
  - each client utilized 0.3 medical services.

° only 7.5% (72) of all clients have an identified secondary developmental disability.

° 66.9% (639) of all clients do not have a mobility handicap.

° 28.5% (272) of all clients do have a mobility handicap and, of these clients:

  - 36.4% live with their own family;
  - 32.0% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 1.6 medical services, on average.

° 67.7% (647) of all clients do not have a sensory handicap.

° 25.5% (244) of all clients do have a sensory handicap and, of these clients:

  - 41.8% live with their own family;
  - 30.3% are involved in a Ministry/Board of Education day program; and,
  - each client utilizes 1.1 medical services, on average.

° 47.9% (457) of all clients do not have a communicative handicap.

° 45.9% (438) of all clients do have a communicative handicap, and of these clients:

  - 49.5% live with their own family;
  - 37.0% are involved in a Ministry/Board of Education program; and,
  - each client utilizes 1.3 medical services, on average.

° 37.9% (347) of all clients are considered to display acceptable (social) behaviour in the community.

° 52.6% (502) of all clients are considered to display some form of social behavioural problem and, of these clients:

- 45.4% live with their own family;
- 31.7% are involved in a Ministry/Board of Education day program; and,
- each client utilizes 0.9 medical services, on average.

Appropriateness of Service Variable:

° 36.8% (351) of all clients live in some type of residential facility and, of these clients:
  - 60.7% are considered to be 'most appropriately' placed; and,
  - 16.2% are considered to be 'most inappropriately/inappropriately' placed.

° 62.8% (600) of all clients live with their own family or live independently and, of these clients:
  - 53.0% are considered to be 'most appropriately' sited; and,
  - 9.8% are considered to be 'most inappropriately/inappropriately' sited.

° 88.9% (849) of all clients are currently involved in a day program and, of these clients:
  - 58.2% are considered to be 'most appropriately' involved in such programming; and,
  - 8.1% are considered to be 'most inappropriately/inappropriately' involved in such programming.

° 10.3% (98) of all clients are not currently involved in any day program and, of these clients:
  - 8.2% have been classified as 'most appropriate' indicating that it is, in fact, appropriate that they not be involved in any day programming; and,
  - 69.4% have been classified as 'most inappropriate/inappropriate' indicating that it is, in fact, appropriate that they should participate in some kind of day program.

° there are 655 reported instances of clients currently awaiting service by the various support programs in the community.

Recommended Program Variable:

- 127 clients less than are currently living with their families should be living with their families.
- 22 clients less than are currently in long-term care facilities should be living in such homes.
- 95 clients more than are currently in group homes should be living in such homes.
- 41 clients more than are currently in a serviced apartment/home co-op should be living in such a facility.
- 43.1% (50) of the 'most inappropriately/inappropriately' placed clients are recommended for 24-hour awake staff monitoring.
- 41.4% of the 'most inappropriately/inappropriately' placed clients are recommended for a residential program emphasizing daily living skills.
- 30 clients more than are currently regularly employed should be employed.
- 22 clients more than are currently involved in a life skills/pre-vocational/ community activity should be involved in such an activity.
- 39 clients less than are currently involved in a Ministry/Board of Education program should be involved in such a day program.
- 56.2% (77) of the 'most inappropriately/inappropriately' placed clients are recommended for a day program milieu shared with other MR persons.
- there are 655 reported instances of clients awaiting and recommended for service by the various support programs in the community.

APPENDIX 3

DESCRIPTION OF TYPES OF RESIDENTIAL, DAY AND SUPPORT PROGRAMS

CATEGORIES FOR RESIDENTIAL SETTINGS:

- Live with Own Family
- Independent Living (includes Boarding and Lodging and Lodging Homes)
- Mental Retardation Facility
- Serviced Apartment/Home Co-op (includes Residential Supported Lodging)
- Group Home (includes: Psychiatric Group Home
  : Total Communication Group Home
  : Correctional Halfway House)
- Special Support Home for Adults and Children
- Nursing/Extended Care Home
- Foster Home/Family Support Home
- Residential Care in Homes for Special Care
- Home for the Aged
- Long Term Care
- Psychiatric Institution

CATEGORIES FOR DAY PROGRAMS:

- No Day Program Involvement
- Ministry/Board of Education Program (includes School for the Blind)
- Sheltered Workshop/Occupational Therapy
- Developmental Life Skills
- Life Skills/Prevocational/Community Activity Program
- Day Care and Pre-School (age 2-6)
- Semi-Competitive/Semi-Sheltered Work Setting
- Regular Employment
- Recreation/Leisure Activities
- Volunteer Work
- Adult Education
- Psychiatric Day Program
- Medical and Physical Therapy
- Residential 'Home' Based
- Schedule I or II Facility

CATEGORIES FOR SUPPORT PROGRAMS:

1. EDUCATION

   - Evening education
   - Sex education/sexuality course/sex counselling
   - Private education/tutoring
   - Education aide (in school)

cont'd.../3-2

2. VOCATIONAL SUPPORTS

- Vocational support services
- Vocational rehabilitation services (VRS/Vocational assessment

3. MEDICAL SERVICES - FOR PHYSICAL HEALTH

- Physiotherapy and Occupational therapy
- Speech/Communication therapy
- Public health nursing
- Assessment/Diagnosis
- Orthopedics
- Pediatrician
- Optometrist/Opthalmologist
- Dental services
- Speech/Communication assessment
- Weight control program
- Physiotherapy/Occupational therapy assessment
- Support from hospital staff
- Medical consultation for physical disorder/Medical assessment
- Chiropractor
- Association for the Neurologically Disabled
- Chedoke Child and Family Centre

4. MENTAL HEALTH SUPPORTS

- Personal/Family counselling
- Psychological assessment
- Psychiatric Day Care
- Psychiatric follow-up

5. RECREATION/LEISURE ACTIVITIES

- Recreation and leisure
- Extend-A-Family
- Citizen Advocacy
- Leisure buddy/Buddy system/Big Brothers or Big Sisters
- Church activities
- Youth group

6. PERSONAL SUPERVISION

- Probation/Aftercare
- Personal supervision in daily activities
- Special one-to-one behavioural support within day program

cont'd.../3-3

7. HOME SUPPORTS

- Home help and support, home management, nurses and homemaker services
- Parent relief
- Family support, case management or Tri-Ministry Co-ordinator
- Infant stimulation and development
- Parent support groups
- Downs Syndrome group
- Special needs at home
- Special needs at home/Special service
- Special service worker
- Meals-on-Wheels
- Supported home program
- Children's Aid Society
- Parenting skills for M.R. parents
- Deaf/blind program, in-home
- Family support, case management and/or Tri-Ministry and A.P.S.W.

8. SUPPORTS FOR INDEPENDENT LIVING

- Adult protective services
- Life skills maintenance and support worker (long-term)
- Supported Independent Living (SIL)
- Subsidized housing
- Trustee

9. SKILLS TRAINING

- Behaviour training/management
- Stimulation in growth and development (ages 2 years and adults
- Assertiveness training
- Social skills training
- Life skills training

APPENDICIES

APPENDIX 1

OUTLINE OF SURVEY FORM CONTENT

FORM I - REGIONAL PROFILE

- Name or responding Agency and Program
- Location of Program
- A. Client Description
  - agency-assigned case number
  - first and last initials, birthdate, sex
  - client's private, family or significant other home municipality
- B. Functioning
  - developmental disabilities - primary and secondary
  - mobility handicap
  - sensory handicap (vision/hearing)
  - communicative handicap
  - social behavioural problems
- C. Residential Program or Situation
  - current type, municipality
  - needed type

  Residential Movement (if applicable)
  - admission date to current type of residence
  - type of care admitted from

FORM II - CLIENT PROFILE

- PART I: LOCATION OF PRINCIPALS
  - municipality of client and family/significant other
  - wardship, case manager, school tax support
- PART II: HEALTH STATUS
  - health problems e.g. spasticity, allergies, diabetes, psychosis, etc.
  - nursing/medical care
  - seizure disorders
  - medication
  - physical handicaps
  - other special health care needs

cont'd...1-2

° PART III: PHYSICAL/SENSORY STATUS

- mobility, fine motor skills, vision, hearing

° PART IV: ADAPTIVE FUNCTIONING

- expressive and receptive communication, hygiene

° PART V: ADAPTIVE SKILLS

- reading, printing, arithmetic
- life skills
- training skills
- social/recreation, behaviour, criminal involvement

° PART VI: FAMILY INVOLVEMENT

- involvement of family/significant other (if person living in a residence or on own) e.g. visiting, taking person home for a visit, program planning
- marital status, children

° PART VII: CURRENT AND RECOMMENDED SERVICES

- Current Residential Setting - name/type
- Appropriateness rating
- Recommended Residential Setting - type of location, municipality, type of living arrangement, sex of other residents, age of residents, type of monitoring, program and/or support staff hours per week, program emphasis, 'other important factors'
- Agreement of parent/guardian and of client with recommended placement

- Current Day Program Setting - name/type
- If not in a program, reason why
- Appropriateness rating
- Recommended Day Program Setting - type of program, type of location, municipality, milieu (type of setting), age of other persons, hours per week, transportation, 'other important factors'
- Agreement of parent/guardian and of client with recommended placement

- Support Services Currently Received - appropriateness of service, current frequency
- Recommended Support Services - recommended frequency

- Additional Important Items

APPENDIX 2

CONTRIBUTING AGENCIES*

THE COUNTY OF BRANT

- Brant County Board of Education
- Brant County District Health Unit
- Brantford & District Association for the Mentally Retarded
- Brantwood Residential Development Centre
- Lansdowne Children's Centre
- Ontario Ministry of Community and Social Services
- Participation House Brantford
- Six Nations Special Services for Special People
- YMCA/YWCA

THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

- Amity Goodwill Industries
- Board of Education for the City of Hamilton
- Canadian National Institute for the Blind
- Catholic Children's Aid Society of Hamilton-Wentworth
- Chedoke-McMaster Hospitals - Chedoke Child and Family Centre
- Chedoke-McMaster Hospitals - Chedoke Continuing Care
- Children's Aid Society of Hamilton-Wentworth
- Christian Horizons
- Family Services of Hamilton-Wentworth
- Hamilton-Wentworth Roman Catholic Separate School Board
- Hamilton and District Association for the Mentally Retarded
- Hamilton & District Council of Co-operative Preschools
- Hamilton Psychiatric Hospitals
- L'Arche Hamilton
- North Wentworth Association for the Mentally Retarded
- Ontario Ministry of Community and Social Services
- Participation House
- Robert Mac Homes

cont'd.../2-2

- Rygiel Home
- St. Joseph's Villa
- YWCA

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* Contributing agencies listing represents organizations who completed and returned survey instruments.